

Foster Family Home - Corrective Action Report

Provider ID: 1-000002

Home Name: Ruth Castulo, NA

91-1123 Hoomahana Street

Ewa Beach HI 96706

Review ID: 1-000002-6

Reviewer: Angelica Galindo

Begin Date: 1/9/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification made on 1/09/2019. Corrective Action Report issued during home inspection survey with all items due to CTA by 1/23/2019.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - No proof of TB clearance screening in home folder for CG#2, last done 7/07/2017.

Foster Family Home Physical Environment [11-800-49]

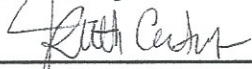
49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

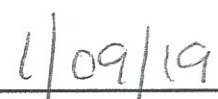
49.(a)(1) - No non slip surface present in client shower.



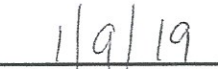
Compliance Manager



Primary Care Giver



Date



Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: RUTH CASTULO

CCFFH Address: 91-1123 HOOMAHANA ST EWA BEACH HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
49.(a)(1)	Put non slip surface in the tubs and shower.	01/10/19	Home will check not only client's device but also the safety measures in the shower and tub for client's safety.
41.(b)(7)	TB screening was obtained for CG#2. It was placed into home record.	01/21/19	Home will use a spreadsheet on laptop or alarm in my phone to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.

Primary Caregiver's Signature: _____

Print Name: RUTH CASTULO

Date of Signature: _____

1/22/19